



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #04-180-OPE

REVISION OF THE IMPORTANT NOTICE OF RECERTIFICATION APPOINTMENT (W-129RR)

Date: October 5, 2004	Subtopic(s): Food Stamps, Forms
<p>  This procedure can now be accessed on the FIAweb. </p>	<p>The purpose of this policy bulletin is to inform staff at the Non-Public Assistance Food Stamp (NPA FS) Centers that the automatic Important Notice of Recertification Appointment (W-129RR) has been revised as follows:</p> <ul style="list-style-type: none"> • The title of the form was changed to “Notice of Food Stamp Recertification Appointment.” • Language was revised to reflect changes in the recertification documentation requirements. • The list of documents that can be used to verify the various eligibility factors was removed. To provide this information, the Eligibility Factors and Suggested Documentation Guide (W-119D) will now be included as an attachment to the W-129RR. <p>In addition, a W-129RR insert that explains the Food Stamp interview and application rights as well as provides Conference and Fair Hearing information was developed and will be included with the W-129RR.</p> <p><i>Effective Immediately</i></p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call (718) 557-1313 then press 2 at the prompt followed by 765 or
send an e-mail to *FIA Call Center*

🖨 Please use Print on Demand to obtain copies of forms.

Attachments:

- W-129RR** Important Notice of Food Stamp Recertification Appointment (Rev. 10/5/04)
- W-129RR(S)** Important Notice of Food Stamp Recertification Appointment (Rev. 10/5/04)
- W-129RR (Insert)** Notice of Food Stamp Appointment (**W-129RR**) Insert (10/5/04)
- W-129RR (Insert) (S)** Notice of Food Stamp Appointment (**W-129RR**) Insert (Spanish) (10/5/04)

Notice of Food Stamp Recertification Appointment

Dear Participant:

Under current Food Stamp Program rules, your benefits will expire on _____. If you wish to continue to receive uninterrupted Food Stamp Benefits, you must file a new application by your expiration date. We have therefore scheduled an appointment for you on:

Appointment Date: _____ Time: _____ Phone: _____

Location: _____

Location Name

Address Line 1

Address Line 2

City

State

Zip Code

If you are not able to keep your appointment or if you have any questions, you may call _____ to reschedule your appointment. **Failure to either keep your appointment or bring the requested verification will result in the delay and possible discontinuance of benefits to your household.**

You will need to bring to your interview current verification of the items listed below that apply to you if the verification previously submitted is older than 30 days or if the information is new:

- Earned income for the past four (4) weeks
- Monthly unearned income
- Resources/assets
- Household composition
- Shelter and utility expenses
- Child care or dependent costs
- Medical assistance for elderly or disabled household members
- Newly obtained Social Security numbers
- The dates of birth and Social Security numbers of new household members
- Alien status if it has changed

For information regarding acceptable documentation, refer to the enclosed Eligibility Factors and Suggested Documentation Guide (**W-119D**).

**BE SURE TO READ THE ATTACHED INSERT
FOR YOUR INTERVIEW/APPLICATION RIGHTS FOR FOOD STAMP BENEFITS AND
CONFERENCE AND FAIR HEARING INFORMATION.**

Mail Job 350



Aviso de Cita de Recertificación de Cupones para Alimentos

Estimado(a) Participante:

Conforme a las normas actuales del Programa de Cupones para Alimentos (Food Stamp Program), sus beneficios se vencerán el _____. Si usted desea seguir recibiendo Beneficios de Cupones para Alimentos ininterrumpidos, debe presentar una nueva solicitud para su fecha de vencimiento. Para ello le hemos programado una cita como sigue a continuación:

Fecha de la Cita: _____ Hora: _____ Teléfono: _____

Local: _____

Nombre del Local

Línea de Dirección 1

Línea de Dirección 2

Ciudad

Estado

Código Postal

En caso de que no pueda cumplir la cita, o si tienes preguntas al respecto, puede llamar al _____ para reprogramar su cita. **El no cumplir con la cita o no traer los comprobantes solicitados resultará en el retraso y posible discontinuación de los beneficios de su hogar.**

Para su entrevista usted tendrá que traer comprobantes al día de lo que le corresponda en la lista a continuación, si ya han pasado 30 días desde que usted presentó los comprobantes anteriores, o si esta información es nueva:

- Ingreso salarial durante las cuatro (4) últimas semanas
- Ingreso mensual no salarial
- Fuentes/bienes económicos
- Miembros del hogar
- Gastos de albergue y servicios de electricidad y gas
- Costos de cuidado infantil o de cargas familiares
- Asistencia médica para los ancianos o incapacitados de su hogar
- Nuevos números de Seguro Social (Social Security) obtenidos recientemente
- Las fechas de nacimiento y números de Seguro Social de los nuevos miembros del hogar
- El estado de extranjería, en caso de cambio

Para información respecto a documentación aceptable remítase al adjunto Factores de Elegibilidad y Guía de Documentos Sugeridos (Eligibility Factors and Suggested Documentation Guide – **W-119D**).

**ASEGÚRESE DE LEER LAS HOJAS ADJUNTAS
SOBRE SUS DERECHOS RESPECTO A LA SOLICITUD/ENTREVISTA DE CUPONES PARA ALIMENTOS
Y SOBRE CONFERENCIAS Y AUDIENCIAS IMPARCIALES.**



Notice of Food Stamp Appointment (W-129RR) Insert Interview/Application Rights for Food Stamp Benefits

You have a right to:

- request that the Food Stamp in-office interview be waived in hardship situations. Hardship generally includes, but is not limited to, illness, transportation difficulties, care of a household member, hardship due to residency in a rural area, prolonged severe weather, or work or training hours that prevent you from coming during regular office hours.
- ask for an application for Food Stamp Benefits. This office must accept the application as long as it is signed and has a readable name (and address, if you have one).
- apply for Food Stamp Benefits in person, by mail, by fax or through an authorized representative. An interview may be required.

If all members of your household are now receiving Supplemental Security Income (SSI) or plan to apply for SSI, you may apply for Food Stamp Benefits at the Social Security Office instead of turning in your recertification form at the Food Stamp office. If you choose to do this, the Social Security Office must also get your application by your Food Stamp Benefit expiration date, indicated on your Notice of Food Stamp Recertification Appointment (W-129RR). They will interview you and send your application and supporting documents to the Food Stamp Benefits office to see if you can still get Food Stamp Benefits.

What Happens If I Do Not Comply with the Interview Requirements?

If you submit your recertification application by _____ and are still eligible, you will receive uninterrupted Food Stamp Benefits. However, you will not get Food Stamp Benefits after _____ unless you are recertified. If you, a member of your household or your authorized representative do not turn in your recertification form, complete an interview and give any required documentation, you will not get Food Stamp Benefits unless you apply again and are eligible. If any proof is still needed after the interview, you will be told what you need to bring, and you will have at least ten (10) days to submit it. This decision is based on 18 NYCRR § 387.17.

Services and Other Information

- If you are getting public assistance, medical assistance or Food Stamp Benefits, you may be able to get a discount on your phone service. For information on LIFELINE, call Verizon toll-free at (800) 555-5000.
- Although you may no longer be eligible for public assistance, Food Stamp Benefits or medical assistance, you still may be eligible for assistance with your heating costs by applying for the Home Energy Assistance Program (HEAP). Information on HEAP can be obtained by calling HEAP Central at (800) 692-0557.

Conference and Fair Hearing Information

CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit phone number on **page 1** of the attached notice or write to us at the address on **page 1** of the attached notice. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing.

STATE FAIR HEARING

How to Ask for a Fair Hearing: If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, writing, fax, in person or online.

- (1) **TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)
- (2) **WRITE:** Send a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201
(Please keep a copy for yourself.)
- (3) **FAX:** Fax a copy of the entire notice, with the "Fair Hearing Request" section completed, to: **(518) 473-6735**.
- (4) **IN PERSON:** Bring a copy of the entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at either:
14 Boerum Place, Brooklyn or **330 West 34th Street, 3rd floor, Manhattan**.
- (5) **ONLINE:** Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>

What to Expect at a Fair Hearing: The State will send you a notice that tells you when and where the Fair Hearing will be held. At the hearing, you will have a chance to explain why you think our decision is wrong. To help explain your case, you can bring a lawyer and/or witnesses such as a relative or a friend to the hearing, and/or give the Hearing Officer any written documentation related to your case such as: pay stubs, leases, receipts, bills and/or doctor's statements, etc. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give that person a letter to show the Hearing Officer that you want that person to represent you. At the hearing, you, your lawyer or your representative can also ask questions of witnesses whom we bring, or you bring, to explain the case.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking the Yellow Pages under "Lawyers."

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files, which we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call **(718) 722-5012**, fax **(718) 722-5018** or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. If you want copies of your documents from your case file, you should ask for them ahead of time. Usually, they will be sent to you within three working days of when you asked for them. If you make your request less than five working days before your hearing, your case file documents may be given to you at your hearing.

INFORMATION: If you want more information about your case, how to ask for a Fair Hearing, how to see your file or how to get additional copies of documents, call or write to us at the phone number/address listed on **page 1** of the attached notice.

FAIR HEARING REQUEST

Deadline: If you want the State to review our decision, you must ask for a Fair Hearing within ninety (90) days from the date of the notice for Food Stamp issues.

Note: If your situation is extremely serious please explain your situation; the State will attempt to process your request for a Fair Hearing as quickly as possible. If you call to request a Fair Hearing, please be prepared to explain your situation to the person who answers the phone.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, in person or online, please write to ask for a Fair Hearing before the deadline.

I want a Fair Hearing. The Agency's decision is wrong because:

SAMPLE

Print Name: _____

Case Number: _____

Address: _____
Street Apt. City State Zip Code

Telephone Number: _____

Signature: _____

Date: _____

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para arreglar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (FH&C) que aparece en la **primera página** de este aviso, o escríbanos a la dirección que también aparece en la **primera página** de este aviso. A veces este resulta el modo más rápido de solucionar algún problema que pueda tener. Le recomendamos que así lo haga, aun si ha pedido una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial.

AUDIENCIA IMPARCIAL ESTATAL

Cómo Solicitar una Audiencia Imparcial: Si usted considera que la(s) decisión(es) que estamos tomando es/son errónea(s), puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, en persona o por Internet.

(1) POR TELÉFONO: Llame al **(800) 342-3334**. (Favor de tener este aviso a la mano cuando llame.)

(2) POR ESCRITO: Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201
(Favor de guardar una copia para usted.)

(3) POR FAX: Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.

(4) EN PERSONA: Traiga una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y para Incapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a cualquiera de las siguientes direcciones:
14 Boerum Place, Brooklyn o 330 West 34th Street, 3rd floor, Manhattan.

(5) POR INTERNET: Complete una solicitud de formulario electrónico conectándose a:
<http://www.otda.state.ny.us/oah/forms.asp>

Qué Puede Esperar de La Audiencia Imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera que nuestra decisión es errónea. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que tal persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

ASISTENCIA LEGAL: Si necesita asistencia legal gratuita, podría obtener tal asistencia comunicándose con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede localizar la Sociedad de Ayuda Legal o grupo de abogacía más cercano buscando en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un facsímil, le proporcionaremos copias gratuitas de los documentos que se encuentran en su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por facsímil, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para pedir documentos o para averiguar como revisar su archivo, llámenos al **(718) 722-5012**, por facsímil al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe pedirlos con anticipación. Generalmente, éstas se le enviarán dentro de tres días laborales a partir de la fecha en que las pida. Si solicita las copias menos de cinco días laborales antes de la fecha en que se celebrará su audiencia, se le podrían entregar el día de la audiencia.

INFORMACIÓN: Si desea más información sobre su caso, cómo pedir una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en la **primera página** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Fecha Límite: Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de noventa (90) días a partir de la fecha de este aviso para asuntos de Cupones para Alimentos.

Nota: Si su situación resulta extremadamente grave favor de explicarla, el Estado intentara procesar su solicitud para una Audiencia Imparcial lo más pronto posible. Si nos llama para pedir una Audiencia Imparcial, favor de estar listo para explicar su situación a la persona que conteste el teléfono.

Si no logra comunicarse con la New York State Office of Temporary and Disability Assistance (Oficina del Estado de Nueva York de Asistencia Temporal y para Incapacitados) por teléfono, por fax, en persona o por Internet, favor de enviar por escrito su solicitud de Audiencia Imparcial antes de la fecha límite.

Deseo una Audiencia Imparcial. La decisión de la agencia es errónea porque:

Nombre en Letra de Molde: _____

Número de Caso: _____

Dirección: _____
Calle Apto. Ciudad Estado Código Postal

Número de Teléfono: _____

Firma: _____

Fecha: _____